



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

PASTORAL SERVICES

Effective Date: November 19 2015

Policy #: TX-09

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- I. PURPOSE:** Montana State Hospital (MSH) seeks to provide holistic care of each patient's body, mind and spirit from the time of admission through discharge. Through the hospital's pastoral services (chaplains, volunteers), the hospital seeks to provide each patient an opportunity to receive spiritual and religious support in accordance with their preferences.
- II. POLICY:**
- A. Patients have a right to visitation with spiritual and religious counselors and the right to religious worship. In recognition of the rights and preferences of patients, the hospital provides pastoral services through hospital chaplains and authorized volunteers. Patients may seek or be offered pastoral services from hospital chaplains or other authorized volunteers. Hospital chaplains may be asked by patients to contact other church leaders, tribal elders and/or religious persons from the larger community.
 - B. Spiritual beliefs and values may impact treatment and will be evaluated as part of the treatment team's assessment process. Important religious and spiritual information will be included in the social assessment at the time of admission. The patient's social worker will convey the patient's expressed religious and spiritual background and preferences to the treatment team for use in the treatment planning process.
 - C. Patient participation in pastoral counseling services is voluntary and will be coordinated through the treatment team. When pastoral counseling is considered an important aspect of the patient's treatment, it may be documented on the treatment plan and in the clinical record.
 - D. Pastoral services at MSH will be provided in a manner that reflects that spiritual beliefs are to be expressed in a way that is respectful of all persons. At no time should religious or spiritual expression detract from or interfere with others' treatment or safety.
 - E. Pastoral services may be provided by hospital employees or persons who have a contract to provide services at the hospital.
 - F. The Hospital Chapel, dedicated on October 5, 2011, was built entirely with "private funding" and was intended to be equally available to all religious groups provided the

groups respect the sacred space while not disrespecting or disrupting another group using the same worship space. For example, the Chapel could be utilized for Native American drumming and smudging ceremonies. Services in the Chapel should be led by a clergyman, religious leader or someone recognized by their home community and who leads worship on a regular basis. MSH patients will not be asked or allowed to lead a worship service in the Chapel.

- G. The Hospital will attempt to recognize and accommodate federally recognized religious groups and practices. The Hospital may restrict certain religious and spiritual groups or practices if they represent a threat to the safety of staff or other patients.

III. DEFINITIONS: None

- IV. RESPONSIBILITIES:** The hospital chaplains are responsible for providing identified services in accordance with this policy.

V. PROCEDURE:

- A. MSH pastoral services are provided by appropriately trained chaplains, professional clergy, or authorized volunteers. The Director of Rehabilitation Services will coordinate and supervise these service providers.
- B. The hospital chaplains will:
1. Clearly explain their role and responsibilities to patients
 2. Clearly explain what is privileged communication and what will be shared with the treatment team
 3. Visit each treatment unit regularly in order to demonstrate accessibility to patients
 4. Consult with treatment teams in the development of treatment plans that account for the patient's spiritual and religious preferences
 5. Conduct or facilitate regular scheduled worship services,
 6. Be available for:
 - a) pastoral counseling with patients, families, and employees
 - b) emergency pastoral calls,
 - c) consultation with treatment teams and hospital administration,
 - d) serving on hospital committees.
 7. Act as liaisons to tribal elders, religious organizations, and religious leaders in the community.

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- XII. ATTACHMENTS:** None

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Thomas Gray, MD Date
Medical Director